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Unique Evaluation and Management Considerations for Adolescents with Late Gynecologic and Colorectal Issues in the Setting of Anorectal Malformations

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Introduction

- Females with anorectal malformations (ARM) and bladder exstrophy have a higher incidence of Mullerian and genital anomalies.
- There is little guidance for recognizing or managing gynecologic or pubertal concerns in the adolescent and young adult years.

Aim:

To identify unique concerns during adolescent years:

- Colorectal
- Gynecologic
- Psychological

Methods:

- Retrospective Review
- Inclusion Criteria:
 - *10-25 year old females
 - *Diagnosed with ARM, cloaca, or bladder exstrophy
 - *Presented to multidisciplinary clinic: 2009-2019

Results

- 12 patients
- Primary Diagnosis:**
 - ARM: 9
 - Bladder exstrophy: 2
 - Other: 1
- Gynecologic Complaint:**
 - Dysmenorrhea: 9
 - Obstructed Mullerian anomaly: 6
 - Introital Stenosis: 3



*Patient A (above) represented with dysmenorrhea due to a functional and obstructed uterine horn. They desired hysterectomy due to longstanding gender dysphoria.
 *Patient B (below) represented with fecal incontinence and underwent neovaginal creation at time of redo PSARP for cosmetic concerns.



Reconstruction Data	Patients (n=12)	
Age at Re-presentation	14.6 years (IQR 12.7, 15.3)	
Colorectal Reconstruction		
Redo PSARP	1	
Resection of Urogenital Sinus Attachment	1	
Appendicostomy Revision	1	
Gynecological Reconstruction (Neovagina)		
Colon	2	
Small Bowel	1	
Dilation	1	
Coital Pouch	1	
Other	2	
Gynecologic Issues	Patient Concerns	Provider Concerns
Cosmesis	5	5
Time of Reconstruction	5	4
Gender Identity	3	2
Sexual Satisfaction	5	-
Reproductive Choices	-	7
Fertility	1	-

Conclusions

- Cohesive multi-disciplinary long-term follow-up allows for early identification of psychological and reproductive issues, along with a combined approach if reconstruction is needed. Adolescent patients should be actively involved in management decisions.
- Timing of reconstruction is based on goals and patient readiness, specifically for patients who would need to be involved in maintenance and participation after their surgery.